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DECLARATION AND POWER OF ATTORNEY FOR APPLICATION FOR UNITED STATES PATENT

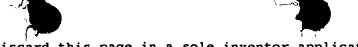
As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below under my name;

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FORMED LINING FOR VEHICLE AND METHOD FOR MANUFACTURING THE SAME
described and claimed in the specification: Check one
*a. 🛮 attached hereto.
b. 🛘 filed on as Application Serial No
I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations \$1.56. Under Title 35, U.S. Code \$119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed:
Japanese Patent Application No. 11-152308, filed May 31, 1999
The following application(s) for patent or inventor's certificate on this
invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):
I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all
business in the Patent Office:
James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562; Thomas J. Pardini, Reg. No. 30,411; and Edward P. Walker, Reg. No. 31,450.
ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.
I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.
Typewritten Full Name of Sole or First Inventor Takashi SHIMIZU Given Name Middle Initial Family Name
Inventor's Signature Given Name Middle Initial Family Name [Alachi Shimizu.]
Date of Signature October 1, 1999
Residence Shioya-gun Tochigi Japan City State or Province Country
Citizenship Japan
Post Office Address c/o TS TECH Co., Ltd. 118-1, Ohta, Takanezawa (Insert complete mailing address, including country) machi, Shioya-qun, Tochiqi 329-1217 Japan
If Box a. is checked, this form may be executed only when attached to the

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.



(Discard this page in a sole inventor application)

1	Typewritten Full Name of Joint Inventor	Masanari		YASUDA
_	•	Siven Name Masanari	Middle Initial	Family Name
2	Inventor's Signature		0.00	Yasuda
3	Date of Signature	October 10, 1	999	T
	Residence $\frac{Shioya-g}{City}$	un Tochigi State or Provir	nce	Japan Country
	Citizenship Japan			554527
	Post Office Addres	- / - mo mnou	Co., Ltd. 118-1,	Ohta, Takanezawa
	(Insert complete mailing address, including count	mach: Chia	ya-gun, Tochigi 32	
1	Typewritten Full Name of Joint Inventor			
		Given Name	Middle Initial	Family Name
2	Inventor's Signature			
3	Date of Signature			
	Residence	Chaha an Drawi		A
	City	State or Provin	ice	Country
	Citizenship Post Office Addres			
	(Insert complete mailing address, including count			
1 2	Typewritten Full Name of Joint Inventor	Given Name	Middle Initial	Family Name
	Inventor's Signature			-
3.	Date of Signature			
3. 	Residence City	State or Provi	nce	Country
	Citizenship			
4	Post Office Addre (Insert complete mailing address, including count			
4	Typewritten Full Name of Joint Inventor			
:≢f [4].	Inventor's Signature	Given Name	Middle Initial	Family Name
3	Date of Signature			
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	Post Office Addre (Insert complete mailing address, including count			
1	Typewritten Full Name of Joint Inventor			
2	Inventor's Signature	Given Name	Middle Initial	ramily Name
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J	Date of Signature			
	Residence City	State or Provi	nce	Country
	Citizenship			
	Post Office Addre (Insert complete mailing address, including count			

Note to Inventor: Please sign name on line 2 exactly as it appears in line 1 and insert the actual date of signing on line 3.

This form may be executed only when attached to the first page of the Declaration and Power of Attorney of the application to which it pertains.